## MEMBERSHIP LIST REQUEST

Name of Organization  License #:		
-	Gaming. An Officer of the o	file for the above organization with organization must sign it. The names
		ecord updating with the Office. This ursed or shared with anyone.
Please update the information	ation on the list and return to	the Office, if applicable.
	bers Assisting in Gaming In	of new members must be submitted information Sheet and submitted to
Circle the method (Email	, Fax or Mail) that you wou	ld like to receive the requested list.
Email	Fax	Mail
List the complete email a	ddress, fax number or maili	ng address on the above lines.
Signature of Officer		
For office use only:		
For office use only:		
Sent date:		Initials: